

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	125000001		CITYORI	IOWN SUDBL	JK I
APPLICATION FOR	RENEWAL:	Annual		LICENSED FOR	R 2013
		CLASS			YEAR
LICENSEE NAME:	ENCHILADA, INC				
DOING BUSINESS A	ACAPULCOS				
ADDRESS 694-98 BO	OSTON POST				
CITY/TOWN: SUDI	BURY	STATE: MA	ZIP CO	DDE: 01776	
MANAGER: MORE	ENO, JORGE TYP	E OF LICENSE: Res	staurant	CATEGOR	Y: All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMIS	ES:			
ONE FLOOR DINING FOR STORAGE. TWEE ENTRANCE AT REAROOM.	O FRONT ENTRA	NCES EAST AND	WEST SIDE	ES, ONE DELIV	ERY
I hereby certify and sw	vear under penalties	of perjury that:			
	d license will be of the	• 1	•		
	e has complied with			elating to taxes; as	nd
3. the premise	es are now open for b	ousiness (If not expla	ain below)		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHONI	E NUMBER:	EM	1PLOYER IDENTIFI	CATION NUMBER:
			(Note:)	NOT Individual Soc	ial Security Number)
We the undersigned, Acts of 2004, signed license and (2) the co	by the building ins	pector and the head	l of the fire	department for	the above named
Please Check Below:			LOCAL I	LICENSING AU	THORITY
APPROVED:	-		By:		
DISAPPROVED: (If disapproved explain	n)				
(11 disappioved expiai	ii <i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN	SUDBURY
Annual	LICEN	SED FOR 2013
CLASS		YEAR
AURANT GROUP,L	LC	
STATE: MA	ZIP CODE:	01776
PE OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
SES:		
1 ENTRANCE AND	1 EMERGENCY	EXIT ON SOUTH
of perjury that:		
the same type for the	same premises now	licensed;
all laws of the Comm	nonwealth relating to	o taxes; and
business (If not expla	in below)	
or Authorized Corpo	rate Officer	
E NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
pector and the head	of the fire departs	ment for the above named
	LOCAL LICENS	SING AUTHORITY
	By:	
	-	
	CLASS AURANT GROUP, L STATE: MA PE OF LICENSE: Res EBSITE AND ENTER YOUR EM GES: ROOMS, SERVICE 1 ENTRANCE AND 3 AN 18X25' DECK F HE LOUNGE of perjury that: the same type for the all laws of the Comm business (If not expla or Authorized Corpo E NUMBER: in possession (1) the spector and the head	Annual CLASS AURANT GROUP, LLC STATE: MA ZIP CODE: PE OF LICENSE: Restaurant CA CESSITE AND ENTER YOUR EMAIL ADDRESS SES: ROOMS, SERVICE BAR, KITCHEN, CA 1 ENTRANCE AND 1 EMERGENCY IS AN 18X25' DECK FOR DINING ON THE LOUNGE of perjury that: the same type for the same premises now all laws of the Commonwealth relating to business (If not explain below) or Authorized Corporate Officer E NUMBER: EMPLOYER (Note: NOT Inc.) in possession (1) the certificate requires pector and the head of the fire departing to the common process of the common period of the fire departing to the certificate requires pector and the head of the fire departing to the certificate requires pector and the head of the fire departing to the certificate requires to the



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 125000005		CITY OR TOWN SUDB	URY
APPLICATION FO	R RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAME	: HO-TAI SUDBU	RY, INC.		
DOING BUSINESS	S A LOTUS BLOSS	SOM		
ADDRESS 394 BO	STON POST RD.			
CITY/TOWN: SU	DBURY	STATE: MA	ZIP CODE: 01776	5
	EN, SHERRY TY JEH-YUN	PE OF LICENSE: Re	staurant CATEGO	RY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	ISES:		
			NGE, KITCHEN, OFFICE. TH SIDE SERVICE EXITS	
I hereby certify and	swear under penaltie	es of perjury that:		
1. the renev	wed license will be o	f the same type for the	same premises now licensed	1;
2. the licen	see has complied wit	th all laws of the Com	monwealth relating to taxes;	and
3. the prem	ises are now open for	or business (If not expl	ain below)	
SIGNED BY:	Individual Danta	er or Authorized Corp	arata Officar	
	marviduai, Partiie	er or Aumorized Corp	orate Officer	
DATE:	TELEDIA	NE NUMBER.	EMPLOYER IDENTII	FICATION NUMBER:
2112.	TELEPHO	NE NUMBER:	(Note: NOT Individual So	
			e certificate required by Cl d of the fire department for	
, 0	•	•	required by Chapter 116 of	
Please Check Below:			LOCAL LICENSING AU	JTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	iain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	1: 125000008		CITY OR TOWN	SUDBURY	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME:	AMERICAN LEGIO	ON SUDBURY POS	T 191 INC. THE		
DOING BUSINESS	A THE AMERICAN	LEGION			
ADDRESS 676 BOS	TON POST RD.				
CITY/TOWN: SUD	BURY	STATE: MA	ZIP CODE:	01776	
	DSTEIN, TYPI NCER R.	E OF LICENSE: Clul	C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF I					
ONE STORY FRAM STORAGE. FRONT DRIVEWAY WEST	ENTRANCE ON BC				
I hereby certify and s	wear under penalties	of perjury that:			
	ed license will be of the		=		
	ee has complied with a		· ·	o taxes; and	
3. the premis	ses are now open for t	ousiness (If not expla	in below)		
3. the premis	<u> </u>	ousiness (If not expla			
	<u> </u>				
	<u> </u>	or Authorized Corpo	rate Officer EMPLOYE	R IDENTIFICATI	
SIGNED BY: DATE: We the undersigned Acts of 2004, signed	Individual, Partner o	or Authorized Corpore E NUMBER: in possession (1) the pector and the head	EMPLOYEI (Note: NOT Inc	dividual Social Se ed by Chapte ment for the a	ecurity Number) or 304 of the above named
DATE: We the undersigned Acts of 2004, signed license and (2) the control of the	Individual, Partner of TELEPHONE I, attest that we are in the street	or Authorized Corpore E NUMBER: in possession (1) the pector and the head	EMPLOYEI (Note: NOT Inc	lividual Social Se ed by Chapte ment for the a r 116 of the A	er 304 of the above named Acts of 2010.
DATE: We the undersigned Acts of 2004, signed license and (2) the control of the	Individual, Partner of TELEPHONE I, attest that we are in the street	or Authorized Corpore E NUMBER: in possession (1) the pector and the head	EMPLOYED (Note: NOT Inc.) certificate required the fire departed by Chapter	lividual Social Se ed by Chapte ment for the a r 116 of the A	er 304 of the above named Acts of 2010.
DATE: We the undersigned Acts of 2004, signed license and (2) the control of the	Individual, Partner of TELEPHONE attest that we are in the building inspectificate of liquor limits.	or Authorized Corpore E NUMBER: in possession (1) the pector and the head	EMPLOYEI (Note: NOT Inc.) certificate required the fire departequired by Chapte	lividual Social Se ed by Chapte ment for the a r 116 of the A	er 304 of the above named Acts of 2010.
DATE: We the undersigned Acts of 2004, signed license and (2) the control of the	Individual, Partner of TELEPHONE attest that we are in the building inspectificate of liquor limits.	or Authorized Corpore E NUMBER: in possession (1) the pector and the head	EMPLOYEI (Note: NOT Inc.) certificate required the fire departequired by Chapte	lividual Social Se ed by Chapte ment for the a r 116 of the A	er 304 of the above named Acts of 2010.
DATE: We the undersigned Acts of 2004, signed license and (2) the control of the	Individual, Partner of TELEPHONE attest that we are in the building inspectificate of liquor limits.	or Authorized Corpore E NUMBER: in possession (1) the pector and the head	EMPLOYEI (Note: NOT Inc.) certificate required the fire departequired by Chapte	lividual Social Se ed by Chapte ment for the a r 116 of the A	er 304 of the above named Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

		TOWN SUDBURY	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	3
	CLASS	Y	EAR
LICENSEE NAME: BULLFINCH'S INC.			
DOING BUSINESS A BULLFINCH'S			
ADDRESS 730 BOSTON POST RD.			
CITY/TOWN: SUDBURY ST	ATE: MA ZIP C	ODE: 01776	
MANAGER: RICHARDSON, T. TYPE OF I SCOTT	LICENSE: Restaurant	CATEGORY: A	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE AN	ND ENTER YOUR EMAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:			
ONE FLOOR, THREE ROOMS;KITCHEN,DIN STORAGE; ONE ENTRANCE ON SOUTH SII DELIVERY ENTRANCE ON NORTH SIDE. S	DE, AND ONE EMERGI	ENCY EXIT AND ONE	
I hereby certify and swear under penalties of perj	jury that:		
1. the renewed license will be of the sam	ne type for the same prem	ises now licensed;	
2. the licensee has complied with all law	s of the Commonwealth	relating to taxes; and	
3. the premises are now open for busines	ss (If not explain below)		
<u>r</u>	bs (II not explain below)		
	Sis (II not explain below)		
SIGNED BY:			
		r	
SIGNED BY:		ır	
SIGNED BY: Individual, Partner or Aut	horized Corporate Office	r MPLOYER IDENTIFICATIO	N NUMBER:
SIGNED BY: Individual, Partner or Aut	horized Corporate Office MBER:		
SIGNED BY: Individual, Partner or Aut	horized Corporate Office MBER: E (Note session (1) the certificate and the head of the fire	MPLOYER IDENTIFICATIO : NOT Individual Social Secue e required by Chapter e department for the ab	304 of the pove named
SIGNED BY: Individual, Partner or Aut DATE: TELEPHONE NUM We the undersigned, attest that we are in post Acts of 2004, signed by the building inspector	horized Corporate Office MBER: E (Note session (1) the certificate and the head of the fire y insurance required by	MPLOYER IDENTIFICATIO : NOT Individual Social Secue e required by Chapter e department for the ab	304 of the cove named ets of 2010.
SIGNED BY: Individual, Partner or Aut DATE: TELEPHONE NUM We the undersigned, attest that we are in post Acts of 2004, signed by the building inspector license and (2) the certificate of liquor liability Please Check Below: APPROVED:	horized Corporate Office MBER: E (Note session (1) the certificate and the head of the fire y insurance required by	MPLOYER IDENTIFICATIO : NOT Individual Social Secue e required by Chapter e department for the above Chapter 116 of the Ac	304 of the cove named ets of 2010.
SIGNED BY: Individual, Partner or Aut DATE: TELEPHONE NUM We the undersigned, attest that we are in post Acts of 2004, signed by the building inspector license and (2) the certificate of liquor liability Please Check Below: APPROVED: DISAPPROVED:	horized Corporate Office MBER: E (Note session (1) the certificate and the head of the fire y insurance required by	MPLOYER IDENTIFICATIO : NOT Individual Social Secue e required by Chapter e department for the above Chapter 116 of the Ac	304 of the cove named ets of 2010.
SIGNED BY: Individual, Partner or Aut DATE: TELEPHONE NUM We the undersigned, attest that we are in post Acts of 2004, signed by the building inspector license and (2) the certificate of liquor liability Please Check Below: APPROVED:	horized Corporate Office MBER: E (Note session (1) the certificate and the head of the fire y insurance required by	MPLOYER IDENTIFICATIO : NOT Individual Social Secue e required by Chapter e department for the above Chapter 116 of the Ac	304 of the cove named ets of 2010.
SIGNED BY: Individual, Partner or Aut DATE: TELEPHONE NUM We the undersigned, attest that we are in post Acts of 2004, signed by the building inspector license and (2) the certificate of liquor liability Please Check Below: APPROVED: DISAPPROVED:	horized Corporate Office MBER: E (Note session (1) the certificate and the head of the fire y insurance required by	MPLOYER IDENTIFICATIO : NOT Individual Social Secue e required by Chapter e department for the above Chapter 116 of the Ac	304 of the cove named ets of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 125000011		CITY OR TOWN	SUDBURY
APPLICATION	FOR RENEWAL	: Annual	LICENS	ED FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: WAYSIDE	INN CORPORATION		
DOING BUSINE	ESS A LONGFE	LLOW'S WAYSIDE INN		
ADDRESS 72 W	AYSIDE INN R	D		
CITY/TOWN:	SUDBURY	STATE: MA	ZIP CODE:	01776
	COWDEN JR., OHN J.	TYPE OF LICENSE: I	nnholder CA	TEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED P	PREMISES:		
ROOMS,10 GUI	EST ROOMS; 3R	S,6 EXHIBIT ROOMS,TA D FLR; EXHIBIT ROOM ILER ROOMS. LOUNGE	;LAWN AREA; 2000 S	SQ FT CELLAR;
I hereby certify a	and swear under pe	enalties of perjury that:		
1. the re	newed license wil	l be of the same type for the	ne same premises now l	icensed;
2. the lie	censee has compli	ed with all laws of the Cor	nmonwealth relating to	taxes; and
3. the pr	remises are now of	pen for business (If not exp	plain below)	
SIGNED BY:	T., di., i d., a1	Douter on an Australia de Com	orange Officer	
	individual,	Partner or Authorized Cor	porate Officer	
DATE:	TELL	EDITONIE NUMBED.	EMPI OVER	IDENTIFICATION NUMBER:
	IELE	EPHONE NUMBER:		vidual Social Security Number)
Acts of 2004, sig	gned by the build	we are in possession (1) t ling inspector and the he liquor liability insurance	ad of the fire departm	ent for the above named
Please Check Below		1		NG AUTHORITY
APPROVED:	<u>.</u>		By:	NG AUTHORITT
DISAPPROVED	D:		Dy.	
(If disapproved e	explain)			
D 4 FF				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

	CI	ΓY OR TOWN	SUDBURY	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: SIERRAS, INC.				
DOING BUSINESS A SIERRAS				
ADDRESS 470 NORTH RD.				
CITY/TOWN: SUDBURY	STATE: MA	ZIP CODE:	01776	
MANAGER: CANNAROZZI, TYPE SAMUEL J.	E OF LICENSE: Restaur	cant CA	ATEGORY: All Alcol	nol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMAIL	ADDRESS		
DESCRIPTION OF LICENSED PREMISE	ES:			
ONE FLOOR; 2 ROOMS(DINING ROOM EXITS. ENTRANCE ON SOUTH SIDE,O SERVICE EXITS ON NORTH SIDE. ONE	NE SERVICE EXIT A	T SE CORNER	AND TWO	
I hereby certify and swear under penalties o	of perjury that:			
1. the renewed license will be of the	* *	-		
2. the licensee has complied with a		C	taxes; and	
3. the premises are now open for bu	usiness (If not explain b	pelow)		
SIGNED BY:				
Individual, Partner o	or Authorized Corporate	Officer		
Individual, Partner o	or Authorized Corporate	Officer		
Individual, Partner o DATE: TELEPHONE		EMPLOYER	IDENTIFICATION NUMB	
DATE	NUMBER: n possession (1) the center and the head of	EMPLOYER (Note: NOT Ind rtificate require the fire departn	ividual Social Security Number of the Chapter 304 of the above national state of the state of th	oer) he ned
DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor lia	NUMBER: n possession (1) the celector and the head of ability insurance requ	EMPLOYER (Note: NOT Indestriction requires the fire department of the department of the fire department of the f	ividual Social Security Number of the Chapter 304 of the above national state of the state of th	oer) he ned
DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor liangle Please Check Below: APPROVED:	NUMBER: n possession (1) the celector and the head of ability insurance requ	EMPLOYER (Note: NOT Indestriction requires the fire department of the department of the fire department of the f	ed by Chapter 304 of the above nare 116 of the Acts of 20	oer) he ned
DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor lia Please Check Below: APPROVED: DISAPPROVED:	NUMBER: n possession (1) the celector and the head of ability insurance requ	EMPLOYER (Note: NOT Ind rtificate require the fire departr ired by Chapter	ed by Chapter 304 of the above nare 116 of the Acts of 20	oer) he ned
DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor liangle Please Check Below: APPROVED:	NUMBER: n possession (1) the celector and the head of ability insurance requ	EMPLOYER (Note: NOT Ind rtificate require the fire departr ired by Chapter	ed by Chapter 304 of the above nare 116 of the Acts of 20	oer) he ned
DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor lia Please Check Below: APPROVED: DISAPPROVED:	NUMBER: n possession (1) the celector and the head of ability insurance requ	EMPLOYER (Note: NOT Ind rtificate require the fire departr ired by Chapter	ed by Chapter 304 of the above nare 116 of the Acts of 20	oer) he ned



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	125000014		CITY OR TOWN SUDBO	URY
APPLICATION FOR	RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NAME:	RBSBW, INC			
DOING BUSINESS A	SUDBURY FARMS			
ADDRESS 439 BOST	ON POST RD			
CITY/TOWN: SUDI	BURY	STATE: MA	ZIP CODE: 01776	
MANAGER: ROCH E. JR.	E, PATRICK TYPE C	OF LICENSE:Pac	ckage Store CATEGOR	RY: Wine and Malt Regular
EMAIL ADDRESS:				
PI	LEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMISES:			
ENT/EXIT ON NORTENTRANCES SOUT	TH SIDE.ONE EXIT EA H SIDE. 2ND FLR;PAF	AST SIDE,WES' RTIAL FLR. CO.	EP ROOMS,7 EXITS-ONE I I SIDE AND 4 DELIVERY AT ROOM,LOUNGE, EMERGENCY EXIT ON SO	
I hereby certify and sw	ear under penalties of p	erjury that:		
1. the renewed	d license will be of the s	same type for the	same premises now licensed	•
2. the licensee	has complied with all	laws of the Comr	nonwealth relating to taxes; a	and
3. the premise	es are now open for busi	ness (If not expl	ain below)	
SIGNED BY:	Individual, Partner or A	Authorized Corpo	orate Officer	
DATE:	TELEPHONE N	UMBER:	EMPLOYER IDENTIF (Note: NOT Individual Soc	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENSING AU By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 125000016		CITY OR TOW	N SUDBUR	Y
APPLICATION FO	R RENEWAL:	Annual	LICI	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	YBF,INC				
DOING BUSINESS	A KAPPY'S DIS	STRIBUTORS & DIS	STRIBUTORS OF K	APPY'S	
ADDRESS 474 BOS	STON POST ROA	AD			
CITY/TOWN: SUI	DBURY	STATE: M	ZIP CODE:	01776	
MANAGER: FIEL	LDS, DAVID L	ΓΥΡΕ OF LICENSE	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOU	JR EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PRE	MISES:			
FIRST FLOOR; SAI AREA, FIVE EXITS SIDES. SECOND FI SIDE, SERVICE EN	;CUSTOMER EN LR; STORAGE R	T/EXIT. EMERGE OOM,MECHANICA	NCY EXITS ON NO	RTH AND EA	
I hereby certify and s	swear under penal	ties of perjury that:			
1. the renew	ed license will be	of the same type for	the same premises no	ow licensed;	
2. the licens	ee has complied v	with all laws of the Co	ommonwealth relatin	g to taxes; and	
3. the premi	ses are now open	for business (If not e	xplain below)		
SIGNED BY:	Individual, Par	mer or Authorized Co	orporate Officer		
DATE:	TELEPH	ONE NUMBER:	EMPLO	YER IDENTIFICA	TION NUMBER:
	TEEE! II	OIVE IVOIVIDER.	(Note: NOT	Individual Social S	Security Number)
Please Check Below: APPROVED:				NSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved explain	ain)				
_					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 125000022		CITY OR TOW	N SUDBURY	(
APPLICATION FO	R RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	A CHILI BASI	L			
ADDRESS 385 BOS					
CITY/TOWN: SUI	OBURY	STATE: MA	ZIP CODE:	01776	
MANAGER: YAN	NG, YEE	TYPE OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
	CHEN DINING A	EMISES: AREA, OFFICE SIDEWA CE ON NORTH SIDE.	ALK DINING, O	NE ENTRANCI	E ON
I hereby certify and	swear under pena	alties of perjury that:			
		e of the same type for the	-		
	-	with all laws of the Comin for business (If not expl		g to taxes; and	
SIGNED BY:	Individual, Pa	rtner or Authorized Corpo	orate Officer		
DATE:	TELEPI	HONE NUMBER:		YER IDENTIFICAT	
Acts of 2004, signe	d by the buildin	e are in possession (1) th g inspector and the head nor liability insurance i	e certificate requ d of the fire depa	uired by Chapt artment for the	er 304 of the above named
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICE By:	NSING AUTH	ORITY
(If disapproved explanation) DATE:	am)				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 125000025		CITY OR TO	JWN SUDBUR	Ĺ
APPLICATION FO	R RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	: CIGAR ONE,I	NC.			
DOING BUSINESS	S A VICTORY C	IGAR BAR			
ADDRESS 615 BO	STON POST RD				
CITY/TOWN: SU	DBURY	STATE: MA	ZIP COL	DE: 01776	
MANAGER: ALI	LIA,GINO	TYPE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF	LICENSED PRE	EMISES:			
4" PATIO FOR DI	NING/SMOKING CE, NORTH SIDE	ING/FOOD PREP ROOM IN FRONT OF BUILDII E, LOBBY ENTRANCE, E	NG ON NOR	TH SIDE; THREE	EXITS;
I hereby certify and	swear under pena	lties of perjury that:			
		e of the same type for the	-		
	-	with all laws of the Comm		ating to taxes; and	
3. the prem	uses are now open	for business (If not expla	in below)		
SIGNED BY:	Individual, Par	rtner or Authorized Corpo	rate Officer		
DATE:	TELEPH	HONE NUMBER:		LOYER IDENTIFICAT	
			(Note: <u>N</u>	OT Individual Social S	Security Number)
Acts of 2004, signe	ed by the building	are in possession (1) the g inspector and the head uor liability insurance ro	of the fire d	epartment for the	above named
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	Lain)				
(ii disappioved exp.	iuiii <i>)</i>				_
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125000026		CITY OR TOWN SUDBUR	Y
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: OISHII TOO	SUSHI BAR, INC.		
DOING BUSINESS A OISHII TOO	SUSHI BAR		
ADDRESS 365 BOSTON POST RE).		
CITY/TOWN: SUDBURY	STATE: MA	ZIP CODE: 01776	
MANAGER: CHIANG, CHIEN WU	TYPE OF LICENSE: Res	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PR			
ONE FLOOR; DINING ROOM WI EXIT ON EAST SIDE, EMERGENO			GENCY
3. the premises are now open			
DATE: TELEP	HONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
We the undersigned, attest that we Acts of 2004, signed by the buildin license and (2) the certificate of liq	g inspector and the head	l of the fire department for the	e above named
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 125000029		CITY OR TOWN	SUDBURY
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: JALISSA RE	STAURANT, INC		
DOING BUSI	NESS A ROSSINI'S	PIZZERIA AND RESTA	AURANT	
ADDRESS 41	8 BOSTON POST RI)		
CITY/TOWN:	SUDBURY	STATE: MA	ZIP CODE:	01776
MANAGER:	MEDEIROS, JOSEPH M. JR	TYPE OF LICENSE: R	Restaurant CA	ATEGORY: Wine and Malt Regular
EMAIL ADDF	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PR			
		HEN WITH FREEZERS O SERVICE ENTRANC		REA. ENTRANCE
3. the SIGNED BY:		en for business (If not expanded artner or Authorized Cor		
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004,	signed by the building	ng inspector and the he	ead of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Belo	ow:		LOCAL LICENS	SING AUTHORITY
APPROVED: DISAPPROVI			By:	
(If disapproved	ı expiaiii)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 125000030		CITY OR TOWN	SUDBURY
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	FUGAKYU CAFE	CORPORATION		
DOING BUSINESS	A FUGAKYU CAFI	Ε		
ADDRESS 621 BOS	STON POST ROAD			
CITY/TOWN: SUI	DBURY	STATE: MA	ZIP CODE:	01776
MANAGER: Won	g, Maria TYP	E OF LICENSE:Re	staurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	ES:		
	DINING AREA, TW 1 EXIT SOUTH SID			
I hereby certify and s	swear under penalties	of perjury that:		
1. the renew	ved license will be of t	he same type for the	same premises now	licensed;
2. the licens	see has complied with	all laws of the Com	nonwealth relating t	o taxes; and
3. the premi	ises are now open for	business (If not expl	ain below)	
SIGNED BY:				
SIGNED D1.	Individual, Partner	or Authorized Corpo	orate Officer	
DATE				
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER:
			(Note. NOT Inc	lividual Social Security Number)
Acts of 2004, signed	d by the building ins	pector and the head	d of the fire depart	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	ain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125000031		CITY OR TOWN	SUDBURY	7
APPLICATION FOR RENEWAL:	Annual CLASS	LICEN	SED FOR 20)13 YEAR
LICENSEE NAME: BOSSE SPORTS DOING BUSINESS A BOSSE SPORT ADDRESS 141 BOSTON POST ROAD	& HEALTH,LLC S &_HEALTH CLUB			TEAK
CITY/TOWN: SUDBURY	STATE: MA	ZIP CODE:	01776	
MANAGER: BOSSE, DICK J. TY	PE OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS: PLEASE ALSO VISIT OUR DESCRIPTION OF LICENSED PREM	WEBSITE AND ENTER YOUR EM	AIL ADDRESS		
ALL ENCLOSED AREAS AND THE FOLLOWING AREAS;LOCKER ROO AND AREAS USED FOR ACTIVE FIT	EXISTING REAR PAT M, FITNESS ROOMS,			
1. the renewed license will be o 2. the licensee has complied wit 3. the premises are now open for	f the same type for the	nonwealth relating to		
SIGNED BY: Individual, Partne	er or Authorized Corpo	rate Officer		
DATE: TELEPHO	NE NUMBER:	EMPLOYER (Note: NOT Ind		TON NUMBER: ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor	nspector and the head	of the fire departs	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125000033	}	CITY OR TOWN	SUDBURY
APPLICATION FOR RENEWA	L: Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: FONG TA DOING BUSINESS A LAVENI ADDRESS 519A BOSTON POS	N,LLC DER		2 24 24
CITY/TOWN: SUDBURY	STATE: MA	ZIP CODE:	01776
MANAGER: FONG, YEE	TYPE OF LICENSE: Re	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS: PLEASE ALSO VI DESCRIPTION OF LICENSED	SIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
3,250 SQ. SQ.SINGLE LEVEL V COOLER,DINING AREA, STOI NORTH SIDE AND ONE EXIT	RAGE AREA AND OFFICE		
2. the licensee has compl	ill be of the same type for the ied with all laws of the Comppen for business (If not exp	monwealth relating t	
SIGNED BY: Individual.	Partner or Authorized Corp	orate Officer	
DATE: TEL	EPHONE NUMBER:		R IDENTIFICATION NUMBER:
We the undersigned, attest that Acts of 2004, signed by the buillicense and (2) the certificate of	ding inspector and the hea	d of the fire depart	ment for the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	ABER: 125000035	(CITY OR TOWN SUDBUR	Y
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
	ME: NATALIE'S REST. JESS A FRANCO'S TRA			
ADDRESS 365	BOSTON POST ROAD			
CITY/TOWN:	SUDBURY	STATE: MA	ZIP CODE: 01776	
MANAGER:	BRUNO,FRANCO TYP	E OF LICENSE: Resta	aurant CATEGORY:	Wine and Malt Cordials
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMA	AIL ADDRESS	
-	OF LICENSED PREMIS			
NORTH AND			I AND ENTRANCE/EXITS O 000 SQ FT. LOWER LEVEL F	
2. the l	icensee has complied with premises are now open for	all laws of the Commo business (If not explai		
	marviduai, Partiier	or Authorized Corpor	ate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social S	
Acts of 2004, s	signed by the building ins	pector and the head	certificate required by Chapt of the fire department for the quired by Chapter 116 of the	e above named
Please Check Belov	<u>w:</u>		LOCAL LICENSING AUTH	ORITY
APPROVED: DISAPPROVE (If disapproved			By:	
			_	
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 125000036		CITY OR TOWN	SUDBURY	7
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
DOING BUSINESS	GREEN CUISINE IN A PAANI-PURE IND OSTON POST ROAD				
CITY/TOWN: SUI		STATE: MA	ZIP CODE:	01776	
	MA, VIMLESH TYPE			ATEGORY:	Wine and Malt Cordials
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS		R EMAIL ADDRESS		
	LICENSED PREMISE				
	TCHEN, STORAGE F I ENTRANCE/EXITS (EL
 the renew the licens 	swear under penalties of the declicense will be of the decline with a ses are now open for but a limit of the decline will be declined by the de	e same type for t Il laws of the Co usiness (If not ex	mmonwealth relating to		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		TON NUMBER: ecurity Number)
Acts of 2004, signed	d, attest that we are in d by the building insp certificate of liquor lia	ector and the h	ead of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: CLASS CLASS YEAR LICENSEE NAME: THE WAYSIDE INN CARRIAGE HOUSE INN,LLC DOING BUSINESS A THE WAYSIDE CARRIAGE HOUSE INN ADDRESS 738 BOSTON POST ROAD CITY/TOWN: SUDBURY STATE: MA ZIP CODE: 01776 MANAGER: O'BRIEN,JOHN M. TYPE OF LICENSE: Innholder CATEGORY: All Alcohol EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: THREE FLOOR 46 ROOM HOTEL/INN WITH ROOMS ON LEVELS TWO AND THREE: AND A LOBBY ,LOUNGE, STORAGE AREA, FOOD PREP AND FUNCTION ROOMS ON THE GROUND LEVEL WITH ENT/EXITS ON THE EAST AND WEST SIDES AND A DELIVERY/ENTRYWAY ON THE NORTH. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer EMPLOYER IDENTIFICATION NUMBER:
LICENSEE NAME: THE WAYSIDE INN CARRIAGE HOUSE INN,LLC DOING BUSINESS A THE WAYSIDE CARRIAGE HOUSE INN ADDRESS 738 BOSTON POST ROAD CITY/TOWN: SUDBURY STATE: MA ZIP CODE: 01776 MANAGER: O'BRIEN,JOHN M. TYPE OF LICENSE:Innholder CATEGORY: All Alcohol EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: THREE FLOOR 46 ROOM HOTEL/INN WITH ROOMS ON LEVELS TWO AND THREE: AND A LOBBY ,LOUNGE, STORAGE AREA, FOOD PREP AND FUNCTION ROOMS ON THE GROUND LEVEL WITH ENT/EXITS ON THE EAST AND WEST SIDES AND A DELIVERY/ENTRYWAY ON THE NORTH. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer
ADDRESS 738 BOSTON POST ROAD CITY/TOWN: SUDBURY STATE: MA ZIP CODE: 01776 MANAGER: O'BRIEN, JOHN M. TYPE OF LICENSE: Innholder CATEGORY: All Alcohol EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: THREE FLOOR 46 ROOM HOTEL/INN WITH ROOMS ON LEVELS TWO AND THREE: AND A LOBBY , LOUNGE, STORAGE AREA, FOOD PREP AND FUNCTION ROOMS ON THE GROUND LEVEL WITH ENT/EXITS ON THE EAST AND WEST SIDES AND A DELIVERY/ENTRYWAY ON THE NORTH. 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer
ADDRESS 738 BOSTON POST ROAD CITY/TOWN: SUDBURY STATE: MA ZIP CODE: 01776 MANAGER: O'BRIEN, JOHN M. TYPE OF LICENSE: Innholder CATEGORY: All Alcohol EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: THREE FLOOR 46 ROOM HOTEL/INN WITH ROOMS ON LEVELS TWO AND THREE: AND A LOBBY, LOUNGE, STORAGE AREA, FOOD PREP AND FUNCTION ROOMS ON THE GROUND LEVEL WITH ENT/EXITS ON THE EAST AND WEST SIDES AND A DELIVERY/ENTRYWAY ON THE NORTH. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer
CITY/TOWN: SUDBURY STATE: MA ZIP CODE: 01776 MANAGER: O'BRIEN, JOHN M. TYPE OF LICENSE: Innholder CATEGORY: All Alcohol EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: THREE FLOOR 46 ROOM HOTEL/INN WITH ROOMS ON LEVELS TWO AND THREE: AND A LOBBY, LOUNGE, STORAGE AREA, FOOD PREP AND FUNCTION ROOMS ON THE GROUND LEVEL WITH ENT/EXITS ON THE EAST AND WEST SIDES AND A DELIVERY/ENTRYWAY ON THE NORTH. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer
MANAGER: O'BRIEN, JOHN M. TYPE OF LICENSE: Innholder CATEGORY: All Alcohol EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: THREE FLOOR 46 ROOM HOTEL/INN WITH ROOMS ON LEVELS TWO AND THREE: AND A LOBBY, LOUNGE, STORAGE AREA, FOOD PREP AND FUNCTION ROOMS ON THE GROUND LEVEL WITH ENT/EXITS ON THE EAST AND WEST SIDES AND A DELIVERY/ENTRYWAY ON THE NORTH. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: THREE FLOOR 46 ROOM HOTEL/INN WITH ROOMS ON LEVELS TWO AND THREE: AND A LOBBY, LOUNGE, STORAGE AREA, FOOD PREP AND FUNCTION ROOMS ON THE GROUND LEVEL WITH ENT/EXITS ON THE EAST AND WEST SIDES AND A DELIVERY/ENTRYWAY ON THE NORTH. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer
DESCRIPTION OF LICENSED PREMISES: THREE FLOOR 46 ROOM HOTEL/INN WITH ROOMS ON LEVELS TWO AND THREE: AND A LOBBY ,LOUNGE, STORAGE AREA, FOOD PREP AND FUNCTION ROOMS ON THE GROUND LEVEL WITH ENT/EXITS ON THE EAST AND WEST SIDES AND A DELIVERY/ENTRYWAY ON THE NORTH. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer
DESCRIPTION OF LICENSED PREMISES: THREE FLOOR 46 ROOM HOTEL/INN WITH ROOMS ON LEVELS TWO AND THREE: AND A LOBBY, LOUNGE, STORAGE AREA, FOOD PREP AND FUNCTION ROOMS ON THE GROUND LEVEL WITH ENT/EXITS ON THE EAST AND WEST SIDES AND A DELIVERY/ENTRYWAY ON THE NORTH. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer
THREE FLOOR 46 ROOM HOTEL/INN WITH ROOMS ON LEVELS TWO AND THREE: AND A LOBBY ,LOUNGE, STORAGE AREA, FOOD PREP AND FUNCTION ROOMS ON THE GROUND LEVEL WITH ENT/EXITS ON THE EAST AND WEST SIDES AND A DELIVERY/ENTRYWAY ON THE NORTH. 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer
LOBBY ,LOUNGE, STORAGE AREA, FOOD PREP AND FUNCTION ROOMS ON THE GROUND LEVEL WITH ENT/EXITS ON THE EAST AND WEST SIDES AND A DELIVERY/ENTRYWAY ON THE NORTH. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer
LEVEL WITH ENT/EXITS ON THE EAST AND WEST SIDES AND A DELIVERY/ENTRYWAY ON THE NORTH. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer
I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer
1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer
3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer
SIGNED BY: Individual, Partner or Authorized Corporate Officer
Individual, Partner or Authorized Corporate Officer
Individual, Partner or Authorized Corporate Officer
DATE: TELEBRIONE NUMBER. EMPLOYER IDENTIFICATION NUMBER.
DATE: FINE EDUCINE NUMBER. FINE OVER IDENTIFICATION NUMBER.
DATE: FIND OVER IDENTIFICATION NUMBER.
TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:
(Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the
Acts of 2004, signed by the building inspector and the head of the fire department for the above named
license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.
Please Check Below: LOCAL LICENSING AUTHORITY
APPROVED: By:
DISAPPROVED:
(If disapproved explain)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	25000038		CITY OR TOWN SUDBU	KI
APPLICATION FOR F	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: S	SANGAM RESTAURA	ANT CORPORAT	ΓΙΟΝ	
DOING BUSINESS A	PONGAL II RESTAU	JRANT		
ADDRESS 103 BOSTO	ON POST ROAD			
CITY/TOWN: SUDB	URY	STATE: MA	ZIP CODE: 01776	
MANAGER: PATHA	K, FALGUN TYPE O	F LICENSE: Res	taurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
PLI	EASE ALSO VISIT OUR WEBSITI	E AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LI	CENSED PREMISES:			
SINGLE FLOOR REST EXITS	FAURANT WITH ON	E MAIN ENTRY	Y AND EXIT AND TWO EM	ERGENCY
I hereby certify and swe	ear under penalties of p	erjury that:		
1. the renewed	license will be of the s	ame type for the	same premises now licensed;	
2. the licensee	has complied with all l	aws of the Comm	nonwealth relating to taxes; an	d
3. the premises	are now open for busi	ness (If not expla	in below)	
SIGNED BY:	Individual, Partner or A	Authorized Corne	roto Officer	
1	illurvidual, Fartilei Oi F	tutionzea Corpor	rate Officer	
DATE:			EMBLOVED IDENTIFIC	LATION NUMBER
DATE.	TELEPHONE N	UMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Social	
			(marridum 500.	ar security Transcery
Acts of 2004, signed b	y the building inspec	tor and the head	certificate required by Cha of the fire department for t equired by Chapter 116 of the	he above named
	tificate of fiquor flab	mty msurance re		
Please Check Below: APPROVED:			LOCAL LICENSING AUT	HORITY
DISAPPROVED:			By:	
(If disapproved explain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125000039		CITY OR TOWN SUDBUI	RY
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: SUDBURY W	'INE, SPIRITS & PROV	ISIONS, LLC	
DOING BUSINESS A SUDBURY V	WINE SPIRITS & PROV	VISIONS	
ADDRESS 410 BOSTON POST RO	AD		
CITY/TOWN: SUDBURY	STATE: MA	ZIP CODE: 01776	
MANAGER: SAIA, JOSEPH C.	TYPE OF LICENSE: Pa	ckage Store CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PRE	EMISES:		
4060 SF EXITISNG SINGLE LEVE COOLER, STORAGE ARE IN BASE	•	GGED BEAR PLAZA) A WA	LK IN
I hereby certify and swear under pena	alties of perjury that:		
1. the renewed license will b	e of the same type for the	e same premises now licensed;	
2. the licensee has complied	with all laws of the Com	monwealth relating to taxes; and	d
3. the premises are now oper	n for business (If not expl	ain below)	
SIGNED BY:			
Individual, Par	rtner or Authorized Corp	orate Officer	
DATE: TELEPH	HONE NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
		(Note: NOT Individual Socia	l Security Number)
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:		•	
(If disapproved explain)			
		-	<u></u>
DATE:			